

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JL		6/4/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LH	Cu105	8-30-0
RESPONSE FORMALITY REVIEW		6/4/05 6/4/05	10-26-0

## INDEX OF CLAIMS

09/57983 ✓ Rejected N ..... Non-elected  
 = Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ Restricted O ..... Objected

Claim	Date
Final Original	9/5/05
1	9/5/05
2	✓ 9/5/05
3	✓ 9/5/05
4	✓ 9/5/05
5	✓ 9/5/05
6	✓ 9/5/05
7	✓ 9/5/05
8	✓ 9/5/05
9	✓ 9/5/05
10	✓ 9/5/05
11	✓ 9/5/05
12	✓ 9/5/05
13	N 9/5/05
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21	
22	N 9/5/05
23	✓ ✓
24	✓ ✓
25	N 9/5/05
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45	N 9/5/05
46	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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